

Department of Social & Health Services

# Children's Administration

**Together We Achieve the Extraordinary**



**Protecting Children - Supporting Families - Providing Quality Care**

## Strategic Plan

# 2001 - 2007

*Children's Administration*  
**FY 2001-2007 STRATEGIC PLAN**  
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## MISSION

The mission of the Children's Administration is to protect abused and neglected children, support families to safely care for and parent their own children, and provide quality care and permanent families for children. We partner with tribes, communities, and each other to promote the safe and healthy growth and development of children in their own homes, in out-of-home placement and in child day care.

## VISION

The Children's Administration is an innovative and results driven organization guided by a commitment to national leadership and excellence in the field of child welfare. We seek an environment of trust and mutual respect, and to be an organization that provides services to children and families that we would all be proud for our own families to receive. We promote teamwork with each other and partner with tribes and communities in all that we do.

## VALUES

### *We Believe Children Who Have Been Abused and Neglected Deserve Quality Services*

We believe children need to grow up in a safe and healthy home, and that protecting children is primarily the responsibility of families and communities. We strive to give families the support they need to function adequately, and intervene to protect children only while families are unable to do so.

### *We Support Families and Build on Their Strengths*

We believe that families are the best place for children to grow and develop. The family is the best and most efficient structure to assure stability, nurturing, care, and safety for its members, and families are responsible to provide for their children and make decisions concerning their children's welfare. We strive to recognize and support family strengths, to discover families' options, to help families make choices, and to help them understand the results of their choices.

### *We Seek Permanency for Children*

We believe that all children need and are entitled to a permanent home, which provides for their care and upbringing. While a child's own family is always the preferred choice for a permanent home, some children cannot be safely returned to their families and the child's need for permanency must be met outside their nuclear family. We first seek permanent homes with extended family members to maintain important family connections, and finally seek permanent homes with non-relatives. Strong partnerships with community, professionals and families are key to achieving and sustaining permanency for children.

### *We Partner with Tribes, Communities, and Foster Parents in Serving Children and Families and in Supporting Tribes' Rights to Nurture Their Own Children*

We encourage open communication and we work with communities to resolve issues. We respond in a quick, open and honest way to community concerns.

### *We Promote Access to Safe, Quality Child Care Services*

We believe that all children who are cared for in child care facilities deserve high quality, developmentally appropriate and culturally relevant services. We promote access to safe quality child care services through subsidies and a variety of community-based support services for parents and child care providers by partnering with community resources.

### *We Value Diversity and Treat Everyone with Respect*

We value the racial and ethnic diversity of our clients and staff. We are committed to tolerance and exceptional customer service. We strive to provide services to children and families that are individualized, community based, culturally appropriate, and responsive. We work to develop and maintain a workforce that reflects the diversity of the people that we serve and contributes to the quality of life of our clients and the communities that we serve.

### *We Encourage Excellence in All We Do*

We strive to be open, caring and competent. We strive to make decisions openly, with as much consultation and shared decision-making as possible. We are accountable for the decisions we make. We are committed to a strength-based service delivery system.

## **STATUTORY AUTHORITY**

### **RCW 13.32A - Family Reconciliation Services**

*Authorizes the department to offer voluntary services to families in conflict or with runaway children designed to develop skills and supports within families to resolve problems related to at-risk youth or family conflicts. Services must be designed to alleviate personal or family situations which present a serious and imminent threat to the health and stability of the child or family and to maintain families intact whenever possible.*

### **RCW 13.34 - Juvenile Dependency**

*Mandates that the family unit should remain intact unless the child's right to basic nurture, health or safety is jeopardized. Defines legal requirements, court procedures and the rights of parties related to juvenile dependency. Sets requirements for assessment, service delivery and permanency planning. Provides legal requirements and procedures for guardianship and termination of parental rights. Defines protections and legal procedures for Indian children.*

### **RCW 26.33 - Adoption**

*Authorizes adoption services to provide stable homes for children, meet the needs of children who are in the department's care and custody and provide opportunities for children to achieve permanent, nurturing families.*

### **RCW 26.44 - Child Protective Services**

*Authorizes the protection of children from abuse and neglect while preserving family integrity to the maximum extent possible, consistent with the safety and permanency needs of the child. Directs the department to safeguard the general welfare of children by providing services to ameliorate conditions that endanger the welfare of children. Requires the department to coordinate necessary programs and services relevant to the prevention, intervention, and treatment of child abuse and neglect.*

### **RCW 26.50.150 – Domestic Violence Perpetrator Programs**

*Authorizes the Department to develop minimum standards for the certification of programs providing treatment to perpetrators of domestic violence. Standards apply to programs that provide treatment to court-ordered or self-referred perpetrators.*

### **RCW 70.123 – Shelters for Victims of Domestic Violence**

*Authorizes the Department to develop minimum standards and issue contracts for the provision of safe emergency shelter and/or safe homes for victims of domestic violence and their children. In addition to emergency shelter, contracted agencies provide support services, advocacy and helping resources to victims of domestic violence. Establishes a state-wide toll free telephone number to provide information and referral services, and to contract with a public or private nonprofit organization to provide education, awareness, technical assistance, and other services to agencies providing direct services to victims as well as to professional organizations and the community.*

### **RCW 74.13.020(11) - Indian Child Welfare Services**

*Authorizes the department to purchase child welfare services, including child protective services, foster care, dependency supervision, and adoption services for Native American children who are in the custody of a federally recognized Indian tribe or tribally or state-licensed child placing agency when such services will be provided by the Tribe or agency.*

### **RCW 74.13 - Child Welfare Services**

*Directs the department to safeguard, protect and contribute to the welfare of children through a comprehensive and coordinated program of public child welfare services for children who require guidance, care, control, protection, treatment or rehabilitation. Authorizes the setting of standards for social services and facilities for children and directs the department to cooperate with public and voluntary agencies, organizations, and citizen groups in the development and coordination of programs and activities on behalf of children. Requires the department to promote community conditions and resources that help parents to discharge their responsibilities for the care, development and well-being of their children.*

**RCW 74.13.085 - .095 - Child Day Care Policy and Coordination**

*Establishes state policy regarding: (1) the promotion of child care facilities and services; (2) working with providers and families in the establishment of child care standards; (3) improving child care access; (4) and, the facilitation of community and private sector involvement in the provision of child care services to foster economic development. Establishes the Office of Child Care Policy and defines the responsibilities of this office. Establishes the child care coordinating committee, the child care partnership as a subcommittee of the child care coordinating committee, and an employer liaison position.*

**RCW 74.13.100 - .159 - Adoption Support**

*Authorizes a program to encourage the adoption of hard-to-place children. Directs the department to reduce the number of such children who must be placed or remain in foster homes or institutions until they become adults and to reduce the total cost to the state of foster home and institutional care. Authorizes the department to join interstate agreements to provide services for children and families on the Adoption Support Program.*

**RCW 74.14A - Children and Family Services**

*Mandates that state efforts shall address the needs of children and their families, including services for emotionally disturbed and mentally ill children, potentially dependent children and families in conflict. Requires state efforts to be sensitive to family and community culture, norms, values and expectations, ensuring that all services are provided in a culturally appropriate and relevant manner.*

**RCW 74.14B - Children's Services**

*Authorizes children's service worker and foster parent training, services for child victims of sexual assault, use of multi-disciplinary teams and therapeutic child day care services.*

**RCW 74.14C - Preservation Services**

*Authorizes the provision of family preservation services and intensive family preservation services to prevent child dependency, the unnecessary placement of children into out-of-home care and to facilitate the reunification of children with their families.*

**RCW 74.15 - Foster Care and Child Day Care Licensing**

*Directs the department to safeguard the health, safety and well-being of children and developmentally disabled persons receiving care away from their own home, strengthen and encourage family unity and sustain parental rights and responsibilities by providing foster care. Requires the department to promote the development of a sufficient number and variety of adequate child care facilities, and to consult with agencies caring for children to help them improve their methods and facilities for care. Authorizes the department to license agencies and to assure that adequate standards are maintained.*

## **PURPOSE OF THE PLAN**

The Children's Administration, Department of Social and Health Services, developed this plan as a foundation for the direction of the agency for Fiscal Years 2001 – 2007. As part of the budget submittal, agencies need to provide strategic plan information with goals and strategies proposed for the biennium (2001 – 2003) as the basis for the agency's operating and capital budget requests. The goals, objectives and strategies may change over time, as new priorities emerge. The goals and objectives in the plan are aligned with the performance indicators of the federal child welfare regulations and, through joint planning with Region X, Children's Bureau, Department of Health and Human Services' Administrations for Children & Families, and our Advisory Boards, the plan also serves as our Comprehensive Child and Family Services plan.

## **APPRAISAL OF EXTERNAL ENVIRONMENT**

The demand for services by the Children's Administration is greatly influenced by demographic, social and economic factors. Growth in child population (0-18), particularly the pre-school aged population, is expected to increase. The number of children living in poverty is also expected to increase and to apply more demand for services.

The impacts of substance abuse on the incidence of child abuse and neglect will continue to be substantial. More than ever, the children we see are likely to be affected by substance abuse, domestic and gang violence and chronic family poverty. New data regarding the link between domestic violence and child abuse and the effects of neglect on brain development suggest that we need to become more active in these areas if we are to reach children before irreparable harm occurs. For young children suffering developmental delays because of abuse or neglect, brain development research indicates that therapeutic child care will improve their growth and development over time.

Those children who are placed in out-of-home care should be safe. We must strive to improve their well-being to mitigate the effects of prior abuse or neglect. Scarce placement resources make it difficult to successfully match children to foster families. Similarly, the tens of thousands of children in child care must not only be safe from harm, but also be cared for in settings that allow them to developmentally progress.

Children's educational achievement is receiving greater public attention and is part of the Governor's agenda. Currently, only 30% of children who leave care when they turn age 18 have a high school diploma or GED. Many factors influence how well children progress academically. For children in the custody of the state, this challenge must be met through better partnering with local schools, school districts and the Office of the Superintendent of Public Instruction, as well as with strategies to support children in age appropriate educational and development programs.

The child welfare system continues to be challenged by public expectations for greater accountability. Community beliefs about when child protective services should intervene are varied and the role of Child Protective Services (CPS) controversial. In addition, requirements of federal legislation contained in the Child Abuse Prevention and Treatment Act (CAPTA) and the Adoption and Safe Families Act (ASFA) significantly reduce timeframes and increase requirements. New program and practice strategies are needed to implement these significant changes in child welfare mandates. Existing staff will find it difficult to absorb the added workload and increased expectations. These changes are in addition to the potential impacts of welfare reform on child welfare services, which remain unknown at this time.

## TRENDS IN CUSTOMER CHARACTERISTICS

Facts about the children and families who require the assistance of the Children's Administration  
(Calendar Year 1999 unless otherwise stated):

- Over 75,000 reports of suspected child abuse and neglect were received last year (over 206 referrals each day) involving nearly 1 in 20 children in Washington state.
- Over 40,000 accepted referrals of child abuse and neglect, involving over 58,000 children, were investigated by CPS.
- 29,597 cases were open for services in March 2000, with approximately
  - 45 percent open for Child Protection Services
  - 45 percent open for Child Welfare Services
  - 10 percent open for Family Reconciliation Services
- 8,803 families received Family Reconciliation Services intake and assessment because of family conflict and/or violence.
- 2,052 families received brief in-home counseling and crisis intervention to prevent a runaway or placement of a child.
- 15,788 children were served in all DCFS out-of-home care placements last year. (Unduplicated 1999 annual total)
  - Over 8,000 new children entered DCFS placement last year.
  - Nearly 48 percent of children placed into out-of-home care were returned to their families within 90 days.
  - More than 8,000 children reside each month in licensed family foster and group out-of-home care.
  - Over 77 percent of children in foster homes are living within the same county as their parents.
  - Over 65 percent of children currently in care for more than 60 days have been placed in only one or two homes.
- Over 168,000 children receive care in licensed child day care homes and centers. (March 2000)
- Over 30,000 families received child care resource and referral services.
- Nearly 7,000 children receive subsidized child day care each month.

## CUSTOMER AND STAKEHOLDER REQUIREMENTS

The Children's Administration has solicited input for the strategic plan from stakeholders, customers and employees. The Children, Youth and Families Services Advisory Board (stakeholders) and the Foster Parent Advisory Board participated by providing feedback on a draft plan. Children in care were engaged through focus groups held in a Seattle area group home and with foster children in Aberdeen. Regional Administrators shared draft plans and received suggestions from their regional advisory committees and their employees. Current employees and new employees in training gave us recommendations about the mission, vision and values of the agency.

Issues important to stakeholders include:

- Improve caseload size ratio to social worker
- Improve customer service
- Increase meaningful partnerships within DSHS and with the community
- Improve educational outcomes for foster children
- Increase kinship care and foster children's contact with fathers and significant others
- Increase support for foster parents

Issues important to foster parents include:

- Increase recruitment and retention efforts
- Normalize family life for foster parents, ex., evening child care
- Adequate support and foster parent reimbursement
- Reduce caseload size
- Faster criminal history background checks
- Strategies for dealing with challenging kids

Issues important to foster children include:

- Increase normal experiences, ex., getting permission to visit a friend, obtain a driver's license, opportunities for recreational activities, jobs, and school and club sports
- Increase clothing allowance
- More opportunities to gain school credits
- Increase independent living skills programs
- More contact with social workers

## MAJOR PARTNERS

Current Committees

- Children, Youth, and Family Services Advisory Committee
- Six (6) Regional Oversight Committees
- Child Care Coordinating Committee
- DSHS Internal Child Care Coordinating Committee
- CAMIS Project Steering Committee
- Foster Care Citizen Advisory Board
- Foster Care Citizen Review Board Advisory Committee
- Statewide Child Fatality Committee
- Family Policy Council Inter-agency Coordinating Committee
- Children's Justice Advisory Board
- Governor's Juvenile Justice Advisory Committee
- Birth to Six Interagency Coordinating Council

Interagency Relationships

- American Indian Communities Interagency Agreement for Child Welfare
- Federal Department of Health and Human Services (Includes Social Security Administration)
- Office of the Administrator for Courts
- Office of the Attorney General of Washington
- Office of the State Superintendent of Public Instruction
- University of Washington
- Washington State Department of Community, Trade, and Economic Development
- Washington State Employment Security Department
- Washington State Department of Health
- Washington State Department of Information Services
- Washington State Patrol
- Western Washington University



- Yakima Valley Community Interagency Agreement for Provider Training

#### Constituencies

- All Washington State Tribes and Indian organizations
- All contractors and agencies providing services to Children's Administration clients
- All licensed foster parents and child day care providers
- American Indian Center, Spokane, WA
- Child Care Works for Washington
- Children's Alliance
- Early Childhood Development Association of Washington
- Families for Kids
- Fetal Alcohol Syndrome Information Service (FASIS)
- First Steps Community Coordinating Councils
- Foster Parents Association of Washington State (FPAWS)
- Indian Policy Advisory Committee, (IPAC)
- Juvenile Court Administrators Association
- Major Medical Centers - contact government liaison for the center
- Parents Anonymous of Washington
- Private Agency Adoption Coalition
- Puget Sound Coalition of Residential Care Providers
- School Age Child Care Committee
- Seattle Indian Health Board
- South Puget Intertribal Planning Agency (SPIPA)
- Washington Association for the Education of Young Children
- Washington Association for Prevention of Child Abuse and Neglect
- Washington Coalition of Domestic Violence
- Washington Coalition of Sexual Assault Programs
- Washington Council on Crime and Delinquency
- Washington Federation of Group Care Providers
- Washington State Child Care Coordinating Committee
- Washington State Child Care Resource and Referral Network
- Washington State Family Child Care Association

## FINANCIAL PLAN ASSESSMENT

The Administration has proposed a number of decision packages that are critical to meet the long-range goals of the administration and to improve outcomes of child safety, child and family well-being, and permanency. Without additional financial resources it will be very difficult to meet the strategic goals of the administration, which include caseload reduction and foster parent enhancements. If we meet our outcome of increasing adoptions, we most likely will need additional staffing resources in adoption support.

## RISKS, OBSTACLES, AND OPPORTUNITIES FACING THE AGENCY

The Children's Administration must face new interpretations by the federal government concerning requirements to receive federal matching funds. Approximately 46 percent of the Children's Administration funding is received through these federal grants. The potential reduction in federal revenues comes at the same time as the threat of serious reductions in General State Funds. Significant reductions in services or staff will endanger the gains achieved by the Children's Administration in improving services. Reductions may also raise the potential of a class action lawsuit on behalf of the children in Washington State that would cause mandated court oversight to ensure services are provided.

We must find answers to better serve the adolescents in out-of-home care who are inadequately prepared for independence and a successful future. Adolescents in general continue to be underserved. Since these children are considered less vulnerable than younger children in our care, services to adolescents are those services we must first consider cutting when budget reductions are required. Consequently, the current demand for services far exceeds the available resources and service options. The Children's Administration is particularly concerned that we will not be able to serve adolescents if we are required to make significant budget reductions in the 2001-2003 biennial budget.

The strategic plan outlines strategies to address the many challenges facing the agency over the next six years. Increasing placement resources, improving practice, customer service and the case and management information system, implementing federal policy changes and meeting increasing federal expectations in order to maintain federal funding will require the effort of every employee at all levels of the organization. To effect this, Children's Administration will engage employees and stakeholders through videoconference training on performance measures, the strategic plan, and the tools and techniques of quality improvement.

## **PROGRAM DESCRIPTIONS**

The Children's Administration administers child welfare and licensing services through forty-five (45) local offices in six (6) geographic DSHS regions.

Within the Children's Administration, the Division of Children and Family Services (DCFS) is the provider of client services. Children and families enter DCFS through three primary programs, Child Protective Services (CPS), Child Welfare Services (CWS) and Family Reconciliation Services (FRS). The division is responsible for the investigation of child abuse and neglect complaints, child protection, family preservation, family reconciliation, foster care, group care, independent living, and adoption services for children age 0 to 18 years.

Under the Children's Administration, the Division of Licensed Resources (DLR) is responsible for licensing all child day care, foster care and group care facilities, as well as child placing agencies, in Washington State. The quality of care offered by these providers is also monitored. This division provides services and training which enhances the quality of licensed facilities and promotes access to child day care.

The Children's Administration provides statewide coordination of activities, program development, field support and oversight through its Management Services Division, Division of Program and Policy Development, the Office of Information Services, and Constituent Relations.

The Family Policy Council is also included in the Children's Administration's budget. The Council's strategies, goals, objectives and performance measures are described in a separate Strategic Plan.

### ***Description of Programs Administered Centrally***

#### **Domestic Violence Services**

Victims of domestic violence and their children can receive assistance with emergency shelter and/or safe home refuge as well as support services such as legal and medical advocacy, support groups or individual counseling, access to food and clothing, and other supportive services. Shelter and services are accessible 24 hours per day, 7 days per week. The administration also sets minimum standards for domestic violence perpetrator programs and certifies provider programs.

#### Domestic Violence Fatality Review Project

The project is funded by a federal Violence Against Women Act (VAWA) grant to develop and implement a process to review and analyze fatalities as a result of domestic violence. It is expected that these analyses will lead to greater information about how various response systems intervene to assist with or hinder the safety of victims and accountability for perpetrators.

#### Indian Child Welfare Services

Services are provided to Indian children, consistent with the federal Indian Child Welfare Act (ICWA), in the areas of child protective services, foster care, dependency guardianship, termination of parental rights, and adoption proceedings. In addition to direct services provided by the administration, we fund these services through approximately sixty contracts with federally and state-recognized Indian Tribes and other Indian organizations in the state to enable them to serve their own tribal members and off-reservation Indians. The administration monitors and provides technical assistance to its own staff and contracted Tribes and agencies on compliance with federal and state requirements related to the care of Native American children.

#### Interstate Compact Placement of Children

A statutorily established (RCW 26.34) safety net for children being placed into or out-of the state. Washington State law, in conjunction with the laws of other states, stipulates the conditions under which a dependent child may be placed out-of-state. The Interstate Compact program works with DCFS staff, private attorneys, and private child placing agencies and parents across the country. The program currently serves over 2,000 children.

### ***Description of Programs Offered by the Division of Children and Family Services***

#### CHILD PROTECTIVE SERVICES

Child Protective Services (CPS) provides 24 hour, seven day a week intake, screening and investigative services for reports of suspected child abuse and neglect. After 90 days, CPS must secure either a court order or a voluntary service agreement with families at risk. CPS may include in-home protective services to keep a child safely in the family home or temporary out-of-home care during assessment or reunification efforts. If risk warrants ongoing placement, dependency is proven in court and cases are prepared for transfer to ongoing child welfare services.

#### CHILD WELFARE SERVICES

Child Welfare Services (CWS) provides both placement prevention and permanency planning services to children and families who may need help due to serious chronic problems (e.g. at risk children and youth without family resources or who are coming out of a juvenile institution). Child Welfare Services are also available for cases transferring from CPS or FRS when the short-term services available through those programs are not successful in resolving the family's problems. Placement cases that extend beyond a court finding of dependency compose the majority of child welfare caseloads.

#### FAMILY RECONCILIATION SERVICES

Family Reconciliation Services (FRS) are voluntary services devoted to maintaining the family as a unit and preventing the out-of-home placement of adolescents. FRS is available to families seven days a week and twenty-four hours a day. Families requesting FRS are offered Phase I (Intake and Assessment) within four hours of their request. Families who need further intervention are referred for Phase II in-home crisis counseling lasting up-to 15 hours within a 30 day period.

## OUT-OF-HOME CARE SERVICES

### Adoption Services and Adoption Support Program

Recruitment of families, matching of children available for adoption with interested families, providing preparation and home certification are all part of the adoption program. Services and funding are available for families adopting hard-to-place, special needs children from foster care. The program includes help with legal assistance, fees for adoption, ongoing monthly maintenance for adopted children with special needs, medical coverage to age 18, counseling reimbursements and training opportunities.

### Foster Care Services

Foster homes provide 24-hour care for children of all ages who need temporary out-of-home placement due to child abuse, neglect or family conflict. Foster care is provided by licensed foster parents or unlicensed relative caretakers, and is viewed as a short-term solution to an emergent situation. The goal of foster care services is to return each child home, or to find another permanent home as early as possible. From the beginning of placement, dual-track planning is done to achieve permanency. Foster care services are also available with licensed foster parents through community child placing agencies.

### Independent Living Services

Young adults in foster care can receive Independent Living Services to help prepare them for independence before they must leave foster care because they have reached legal adulthood. Throughout the state, nine community-based agencies contract with DCFS to provide skills-based services in the areas of education, employment, housing and life skills to youth over the age of 13.

### Intensive Foster Care Assessment

Intensive foster care assessments are provided through contracted services with hospitals and community agencies to provide multi-disciplinary assessments of youth in out-of-home care with no permanent placement identified. The assessment includes evaluation of the child's extended family and other possible permanent placement resources. After placement, follow-up services are provided to assist the child and family's adjustment and to link the family with needed community resources.

### Interim and Receiving Care Services

Emergency placement resources in Crisis Residential Centers or Assessment Centers are available for children and youth pending family reunification or longer-term family or group care. Family receiving homes provide emergency placement services for children and youth removed from their homes because of abuse, neglect or family conflict.

### Passport Program

The passport is an automated, health and education record-keeping and tracking system for children in out-of-home care for more than 90 days. The Children's Administration and local public health districts collaborate to administer the program. Public health nurses located in Children's Administration offices input information about the child's medical history and treatment, while social workers input social, psychological, behavioral and educational data. The information is given to foster parents at the time of placement and is updated every six months or whenever a child moves.

### Residential Treatment

The administration contracts with community agencies for residential treatment services for children and youth with serious emotional and/or behavioral difficulties who cannot be adequately served in regular foster care. Residential treatment provides a higher standard of care and treatment for children and youth with the most severe needs. Beginning in FY95, DCFS began contracting with community agencies for services to this population which can include in-home intervention, therapeutic foster care placement, as well as group care.

#### Secure Crisis Residential Centers

Secure crisis residential centers (S-CRCs) provide 24-hour availability for short-term placements of up to 5 days for runaways placed by law enforcement. These facilities were mandated by the "Becca Bill" legislation which passed in 1995. The S-CRCs have locked doors and windows and fenced grounds, but otherwise operate as other CRCs, with an emphasis on assessment of needs and family reunification.

#### Street Youth Services

This program is intended to help those children who are not appropriately served through traditional methods of counseling. These children, referred to as street youth, are living away from their homes and may be chemically dependent and/or actively involved in prostitution or delinquent behaviors. Services are aimed at diverting youth at risk of street involvement by providing emergency services to youth actively engaged in street activities, and transitional services for youth who are ready to leave the streets.

#### Transportation and Supervised Visitation

The administration contracts with community agencies for transportation and supervised visitation services to support family contact for children in out of home placement.

### ADDITIONAL SERVICES TO SUPPORT FAMILIES

#### Alternate Response System

The administration contracts with community agencies for Alternative Response Systems (ARS) to provide services to low risk families referred to CPS. Services help families develop community support systems to keep children safe and families intact without intrusive CPS intervention. ARS serves families whose CPS referrals are determined to be low risk or moderately low risk at intake or after investigation. Priority is given to families who have one or more of the risk factors which research has shown to best predict the likelihood of re-referral.

#### CPS/CWS Child Care

Subsidized child care can be provided for at-risk families as part of a DCFS case plan for families receiving CPS or CWS services. Teen parent and homeless child care are also available.

#### Early Intervention Program

Trained public health nurses are available to provide voluntary in-home nursing services which can prevent the need for more intrusive DCFS interventions, in at-risk families with young children.

#### Family Preservation Services

Family Preservation Services (FPS) is available to families whose children face substantial likelihood of being placed outside of the home or to reunify a child with their family from out-of-home care. FPS is available to families within 48 hours of referral and is offered for a maximum of six months by a contracted service provider. FPS are designed to support families by strengthening their relationships with a variety of community resources.

#### Home Based Services

DCFS social service staff can purchase supplemental services for families who are at risk of child placement or in need of reunification from foster care. Home Based Services (HBS) are individualized to meet each family's need within available resources. Services may include parent aides and counseling, as well as supports for basic needs such as clothing, shelter, employment or transportation.

#### Home Support Specialists

Paraprofessional DCFS staff are available to teach and demonstrate basic physical and emotional care of children, personal hygiene, nutrition, homemaking and life skills in at-risk families being served by CPS or CWS.

### Intensive Family Preservation Services

When a family has a child who the department believes is at imminent risk of foster care placement, the family can be referred for Intensive Family Preservation Services (IFPS) through a contracted community agency. IFPS is a voluntary services that provides up to 20 hours of in-home therapist time each week, for about a forty (40) day period of time. Services are available seven (7) days a week, twenty-four (24) hours a day. Interventions are focused on improving the ability of the family to overcome a crisis situation and to remain together safely.

### Therapeutic Child Development

Families with young children at serious risk of abuse or neglect can receive intensive child development services and interventions to promote parenting skills through contracted child care providers. These services can be authorized for families being served through CPS or CWS, and for parents participating in certified Division of Alcohol and Substance Abuse (DASA) treatment programs.

## ***Description of the Division of Licensed Resources***

The Children's Administration's Division of Licensed Resources (DLR) is responsible for licensing and monitoring out-of-home care and child day care facilities, and for the investigation of complaints concerning the health and safety of children and the quality of care provided in all licensed facilities.

### OFFICE OF CHILD CARE POLICY

The Office of Child Care Policy (OCCP) is responsible for improving the quality of child care services and systems available to Washington's children and families. OCCP has developed a network of resource and referral agencies that provide information to parents and who work to improve child care within local communities. OCCP provides staff support to the Child Care Coordinating Committee which was established to facilitate communication and coordination among state agencies involved in child care.

The Office of Child Care Policy licensors inspect, monitor, license, and provide technical assistance to approximately 7,200 child care homes and 2,000 child care centers. OCCP administers teen parent, seasonal, and homeless child care subsidies. OCCP also administers the State Training and Registry System (STARS) for child care providers, as well as the quality enhancement grants to local communities to improve the quality of child care.

### OFFICE OF FOSTER CARE LICENSING

The Office of Foster Care Licensing (OFCL) inspects and licenses approximately 4,300 family foster homes, 80 residential group care facilities, 16 Crisis Residential Centers, 5 overnight shelters, 22 maternity services providers, and 110 child placing agencies which license over 1,900 private agency foster homes. OFCL also provides training for foster and adoptive parents and serves approximately 300 people per quarter through an interactive training web site for foster parents.

### CHILD ABUSE AND NEGLECT FACILITY INVESTIGATION SECTION

The Child Abuse and Neglect Section (CA/N Section) provides Child Protective Service (CPS) investigations regarding allegations of abuse and neglect to children in licensed, certified and state-operated facilities. The CA/N Section has five main goals, which are to 1) ensure the immediate safety of alleged child victims; 2) to investigate allegations of child abuse and neglect and make determinations regarding the existence of child abuse and neglect; 3) to assess whether the child in question has been abused or neglected in a state-regulated setting in ways that have not been alleged; 4) to identify risk factors within the facility which create a substantial risk of harm to children; and 5) to ensure consistency and equity toward providers in the investigation of abuse and neglect.

August 2001:  
The Office of  
Child Care  
Policy (OCCP)  
was  
transferred  
from the  
Children's  
Administration  
to the  
Economic  
Services  
Administration,  
effective July  
1, 2001.  
Therefore,  
references to  
OCCP have  
been removed  
from this plan.

## EVALUATION METHODS

The Management Services Division has recently added a Data Management Unit. This unit is responsible for management and administrative data development, production, analysis, and dissemination. The unit supports and assists staff statewide by providing information, resources and relevant and timely data essential for the delivery of quality child welfare services. Performance measures, drilled down to the office level, are updated monthly and posted on a shared drive. Senior management, in response to program, policy, legislative and management requirements, can request additional data.

The Office of Children's Administration Research conducts research of selected policy and program issues. The data is used to inform policy development, improve practice and identify program effectiveness as well as client and provider satisfaction.

The Office of Quality Assurance and Training develops tools to assess and evaluate existing programs and makes recommendation for improvement. QA conducts internal evaluation, including program and case record review. In order to increase the number of cases reviewed, a model of peer case record review is being piloted in three regions of the state.

The Office of Constituent Relations provides timely, thorough and objective resolution of complaints from foster parents, legislators and others regarding services or programs of the Administration and reports aggregated data quarterly.

The Quality Steering Committee of senior management, mid-management, front line and support staff appointed by the union reviews aggregated data and charters teams based on the priority areas of the strategic plan. The committee oversees the results of teams chartered to make improvements in child welfare outcomes and agency performance and makes recommendations to management regarding implementation.

## GOALS, OBJECTIVES, OUTCOMES & STRATEGIES

The primary goals of the Administration focus on the themes of child safety, child and family well-being, and permanency for the children and families we serve. In addition, we have a goal which focuses on the theme of organizational well-being to develop an organization with the capacity to support better outcomes for these children and families. On the following pages, the objectives, outcomes, and strategies of the Children's Administration are laid out in support of our four major goals of:

- ♦ ***Child Safety:*** Children will be safe from abuse and neglect.
- ♦ ***Child & Family Well-Being:*** Help families and communities improve the well-being of children in their own homes and in out-of-home care.
- ♦ ***Permanency:*** Provide stable, nurturing, and permanent placements as quickly as possible for children who are placed into out-of-home care.
- ♦ ***Supporting Client Outcomes (Organizational Well-Being):*** Continuously improve the organization's capacity to achieve better outcomes for children and families.

## Child Safety

**GOAL: Children will be safe from abuse and neglect.**

**Objective S-1: Children are, first and foremost, protected from abuse and neglect.**

<u>Outcomes</u>		<u>Measured by</u>	
A	Reduce chronic maltreatment	<div>Strategic Focus 2001-2003</div> <ul style="list-style-type: none"> <li>Proportion of families chronically referred to CPS</li> </ul>	
<b>Strategies:</b>			<b>Completed</b>
♦	Request funding to reduce social worker to cases ratio to 1:25	2001	✓
♦	Increase use of therapeutic child development services (ex. Voluntary Service Plans)	2001	✓
♦	Improve handling of chronic neglect referrals (See Kids Come First Initiative)	2001-2003	
♦	Enhance partnerships with community organizations to achieve better outcomes for children (See Kids Come First Initiative) (See O-1.A)	2001-2003	
♦	CPS Symposium "Generating a Community Response to Neglect"	2002	
♦	Review need for DSHS collaboration around families who enter the child welfare system as a result of losing TANF eligibility	2002-2005	
B	<u>Reduce recurrence of maltreatment</u>	<div>Strategic Focus 2001-2003</div> <ul style="list-style-type: none"> <li><u>Percent of CAN victims who had another founded referral within 6 months</u> (Federal data)</li> <li>Number of cases staffed with community Child Protection Teams (see O-1.A)</li> </ul>	
<b>Strategies:</b>			<b>Complete</b>
♦	Request funding to implement Risk Assessment Model (See Kids Come First Initiative) (See O-4.B)	2001	✓
♦	Request funding to reduce social worker to cases ratio to 1:25	2001	✓
♦	Improve the assessment of risk for child protective services (See Kids Come First Initiative)	2001-2003	
♦	Improve use of Child Protection Teams (See Kids Come First Initiative)	2001-2003	
♦	DSHS Management collaboration to develop improved access and better treatment services for substance abuse and mental health issues for foster children (See O-1.C)	2001-2003	
♦	Compliance with federal CAPTA requirements	2001-2007	
▪	Implement Citizen Review		
▪	Advocate for increases in guardians ad litem		
♦	Reduce CPS caseload size (ex: SEEBES) (See O-7.A)	2005	
♦	Develop office pilots for caseload of 1:15	2005	

NOTE: Federal requirements are underlined

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## Child Safety

### Objective S-1 continued

<u>Outcomes</u>		<u>Measured by</u>
C Increase safety for children placed in out-of-home care	Strategic Focus 2001-2003	<ul style="list-style-type: none"> <li>Percent of children in licensed care who <u>were abused or neglected by a foster parent or facility staff</u> (Federal data)</li> </ul>
		<ul style="list-style-type: none"> <li>Percent of foster homes receiving annual health and safety checks</li> </ul>
<b>Strategies:</b>		<b>Complete</b>
◆ Request funding for Fire Marshal inspections (See O-2.F)		2001 ✓
◆ Request funding for private rooms for SAY children in group care		2001 ✓
◆ Request funding for DLR caseload reduction		2001 ✓
◆ Request funding to reduce social worker to cases ratio to 1:25		2001 ✓
◆ Provide children in out-of-home care with safe and stable homes (See Kids Come First Initiative) (See O-2.D)		2001-2003
◆ Change agency culture to one that promotes collaboration between foster families and social workers (See FC Improvement Plan) (See O-2.D)		2001-2003
◆ Increase supports for foster care (See FC Improvement Plan) (See O-2.D)		2001-2007
◆ Implement private bedrooms for SAY		2002
<u>Outcomes</u>		<u>Measured by</u>
D <u>Initiate timely investigations</u> (Internal process indicator)	Strategic Focus 2001-2003	<ul style="list-style-type: none"> <li>Percent of high standard child abuse and neglect referrals where child is seen within 10 working days from the date of referral</li> </ul>
		<ul style="list-style-type: none"> <li>Federal Case Review</li> </ul>
<b>Strategies:</b>		<b>Complete</b>
◆ Clarify policy on waivers for attempted contacts		2002
◆ Clarify policy on child advocacy center/law enforcement interviews with child		2002

## Child Safety

### Objective S-2: Children are safely maintained in their homes whenever possible and appropriate.

<u>Outcomes</u>		<u>Measured by</u>	
A	Protect children and prevent removal whenever possible	<ul style="list-style-type: none"> <li><u>Services provided to families to protect children in home and prevent removal</u> (Federal Case Review)</li> </ul>	
		<b>Strategies:</b>	<b>Complete</b>
	◆ Request funding to reduce social worker to cases ratio to 1:25	2001	✓
	◆ Reconcile competing priorities for child safety and family reconciliation (See Kids Come First Initiative)	2001	✓
	◆ Improve the assessment of risk for child protective services (See Kids Come First Initiative)	2001-2003	
	◆ Improve the assessment of risk when returning children to their home (See Kids Come First Initiative)	2001-2003	
	◆ Enhance partnerships with community organizations to achieve better outcomes for children (See Kids Come First Initiative) (See O-1.A)	2001-2003	
	◆ Re-evaluate the ARS program and make necessary revisions in the current provider contracts	2002	
	◆ Develop system to document and measure services provided to CPS families (maybe collateral contacts in SER); number of services for each finding type (See O-4.B)	2005	
B	Improve safety when returning children to their homes	<div>Strategic Focus 2001-2003</div> <ul style="list-style-type: none"> <li>Percent of children who are placed due to abuse or neglect and must be placed again</li> <li><u>Current risk of harm to child</u> (Federal Case Review)</li> </ul>	
		<b>Strategies:</b>	<b>Complete</b>
	◆ Initiate discussions with partners to review best intervention approach for CPS domestic violence cases	2001	✓
	◆ Improve the assessment of risk when returning children to their home (See Kids Come First Initiative)	2001-2003	
	◆ Outstation CA staff (ex: schools)	2005	
	◆ Collaborate with community to develop one-stop shopping family support centers	2007	

## ***Child & Family Well-Being***

**GOAL: *Help families and communities improve the well-being of children in their own homes and in out-of-home care.***

**Objective WB-1: Families will have enhanced capacity to provide for their children's needs.**

<u>Outcomes</u>		<u>Measured by</u>	
A	Increase <u>worker visits with child</u>	<ul style="list-style-type: none"> <li>Federal Case Review</li> <li>Percent of children in DCFS placement who are visited by their social worker in the caretaker's home</li> <li>Percent of children with in-home dependencies who are visited by their social worker according to policy (future)</li> </ul>	
<b>Strategies:</b>			<b>Complete</b>
♦	Request funding to increase frequency of social worker visits with children to every 60 days	2001	✓
♦	Request funding to reduce social worker to cases ratio to 1:25	2001	✓
♦	Improve the assessment of risk when returning children to their home (See Kids Come First Initiative)	2001-2003	
♦	Provide more stable placements for children in foster care (See Kids Come First Initiative)	2001-2003	
♦	Commit to meeting best practice standards (See Kids Come First Initiative) (See O-6.A)	2001-2003	
B	Increase <u>worker visits with parents</u>	<ul style="list-style-type: none"> <li>Federal Case Review</li> <li>Percent of parents visited by their social worker (future)</li> </ul>	
<b>Strategies:</b>			<b>Complete</b>
♦	Request funding to reduce social worker to cases ratio to 1:25	2001	✓
C	<u>Involve family, child, and foster family in case planning</u>	<ul style="list-style-type: none"> <li>Federal Case Review</li> <li>See O-6.A</li> </ul>	
<b>Strategies:</b>			<b>Complete</b>
♦	Change agency culture to one that promotes collaboration between foster families and social workers (See FC Improvement Plan)	2001-2003	
♦	Improve the assessment of risk when returning children to their homes (See Kids Come First Initiative)	2001-2003	
♦	Implement accountability in child dependency cases (case staffing)	2002	
D	<u>Respond to needs of child, family, and foster parent</u>	<ul style="list-style-type: none"> <li>Federal Case Review</li> <li>See O-6.A</li> </ul>	
<b>Strategies:</b>			<b>Complete</b>
♦	Request funding for foster care enhancements for clothing, respite, and relative support (See P-2.A)	2001	✓
♦	Improve the assessment of risk when returning children to their homes (See Kids Come First Initiative)	2001-2003	
♦	Change agency culture to one that promotes collaboration between foster families and social workers (See FC Improvement Plan)	2001-2003	
♦	Increase supports for foster care (See FC Improvement Plan)	2001-2003	
♦	Implement licenses for emergency respite centers	2002	

NOTE: Federal requirements are underlined

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## ***Child & Family Well-Being***

**Objective WB-2: Children in placement will have educational and developmental achievements appropriate to their abilities.**

<u>Outcomes</u>	Strategic Focus 2001-2003	<u>Measured by</u>
A Children in placement are supported in age-appropriate educational and developmental programs.		<ul style="list-style-type: none"> <li>Percent of children who leave out of home placement on or after their 18<sup>th</sup> birthday either holding a high school diploma or GED, or enrolled in an educational or vocational program</li> <li>Percent of eligible youth age 16 and over in out of home placement receiving Independent Living Services</li> <li>Percent of children ≤ 12 years old at time of most recent entry placed in group care</li> </ul>
<b>Strategies:</b>		<b>Complete</b>
◆ Request funding for Independent Living Services – Community college waivers and educational mentoring for aging-out foster children	2001	✓
◆ Request funding to reduce social worker to cases ratio to 1:25	2001	✓
◆ Request funding for rate enhancement for foster parents (See O-2.D)	2001	✓
◆ Increase use of therapeutic child development services	2001	✓
◆ Implement federal Independent Living changes	2001-2003	✓
◆ Improve the educational outcomes for children in foster care (See Kids Come First Initiative)	2001-2003	
◆ Implement ILS services for persons 18-20 years old	2002	
◆ Collaborate with community to provide educational mentoring to foster children	2005	
▪ Work with OSPI to increase vocational preparation options for foster children		
▪ Work with Treehouse to set up similar models in other communities		
▪ Work with schools to develop liaison from each school to know and work specifically with foster children		
◆ Explore options for enrolling in pre-school all children in care ages 4 – 6 years old	2005	
◆ Consider extending ILS services to 13 – 14 year old foster children	2007	
B <u>Minimize school moves for foster children</u>		<ul style="list-style-type: none"> <li>Federal Case Review</li> <li>Number of school moves (future)</li> </ul>
<b>Strategies:</b>		<b>Complete</b>
◆ Work with schools, foster parents, volunteers, and community resources to maintain children in same school or child care setting whenever possible	2005	

## ***Child & Family Well-Being***

**Objective WB-3: Children in placement will receive adequate services to meet their needs.**

<u>Outcomes</u>		<u>Measured by</u>
A <u>Physical health needs are met</u>	Strategic Focus 2001-2003	<ul style="list-style-type: none"> <li>Federal Case Review</li> <li>Passports in place for children in care over 90 days (future)</li> <li>Percent of children receiving physical exams within 30 days of placement (future)</li> </ul>
<b>Strategies:</b>		<b>Complete</b>
♦ Request funding to fully implement Passport Program	2001	✓ (partial funding)
♦ Develop program to screen all children entering out-of-home care for developmental and other long-term care issues (Kidscreen) (See Kids Come First Initiative)	2001	✓
♦ Implement standardized health and mental health assessments of children in out-of-home care (Kidscreen) (See Kids Come First Initiative)	2001-2003	
♦ Provide more stable placements for children in foster care (See Kids Come First Initiative)	2001-2003	
♦ Collaborate with Medical Assistance Administration to increase services (See O-1.C)	2002-2007	
♦ Implement Passport Program to funded level	2002	
♦ Obtain annual well-child check for all foster children; consider incentive for foster parents to do annual exam and follow-up to identified needs	2003	
♦ Work with Medical Assistance Administration to: <ul style="list-style-type: none"> <li>Obtain annual EPSDT exam for all children in care</li> <li>Obtain dental care for children in care</li> </ul>	2003	
♦ Complete CAMI S module to document cases where we are unable to obtain dental care for children	2005	

B <u>Mental health needs are met</u>	Strategic Focus 2001-2003	<ul style="list-style-type: none"> <li>Federal Case Review</li> </ul>
<b>Strategies:</b>		<b>Complete</b>
♦ Develop report on psychotropic medication usage for children in out-of-home care	2001	✓
♦ Implement standardized health and mental health assessments of children in out-of-home care – Kidscreen (See Kids Come First Initiative)	2001-2003	
♦ Provide more stable placements for children in foster care (See Kids Come First Initiative)	2001-2003	
♦ Work within DSHS to develop improved access and better treatment services for mental health issues (See O-1.C)	2002-2005	
♦ Develop professional foster homes with specialized training and compensation to serve emotionally disturbed children	2005	
♦ Work with MHD to develop pilots for outstationed MH consultants in CA offices	2005	

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## ***Child & Family Well-Being***

### **Objective WB-3 continued**

<u>Outcomes</u>		<u>Measured by</u>	
C	Increase "normal" experiences for children in care	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Strategic Focus 2001-2003</div> <ul style="list-style-type: none"> <li>Feedback from foster children</li> </ul>	
<b>Strategies:</b>			<b>Complete</b>
♦	Change agency culture to one that promotes collaboration between foster families and social workers (See FC Improvement Plan)	2001-2003	
♦	Implement HOPE Centers and RLSC (See O-2.D)	2001-2003	
♦	Provide list of can and can't do's for foster children – posted on AG website	2002	
♦	Create a Kids Advisory Committee	2003	✓ 2001
♦	Provide a structure for older foster children to mentor younger foster children	2005	
♦	Explore options for facilitating participation in a minimum of one extra curricular activity for children in care ages 6 – 12 years old	2005	
♦	Create a fund to help children transition out of care (first couple months)	2007	
D	Cultural needs of children are met	<ul style="list-style-type: none"> <li>Number of tribes supported by Children's Administration</li> </ul>	
<b>Strategies:</b>			<b>Complete</b>
♦	Request funding to provide ICW funds for new tribes (See O-1.A)	2001	✓
♦	Place children close to family/extended family (See P-2.B)	2003	
♦	Explore use of cultural assessments (ex: mental health uses one)	2005	
♦	Focus on cultural connections made by foster parents with family	2005	

## *Permanency*

**GOAL:** *Provide stable, nurturing, and permanent placements as quickly as possible for children who are placed into out-of-home care.*

**Objective P-1:** Children will have permanency and stability in their living situations.

Outcomes		Measured by	
A	Increase permanency for children in out-of-home care	<ul style="list-style-type: none"><li>Number of children whose permanent plans are accomplished by type of permanent plan</li><li>Number of children adopted</li></ul>	
Strategies:			Complete
◆	Pilot foster care assessment within 60 days of placement (ESB 6555)	2001	✓
◆	Request funding to reduce social worker to cases ratio to 1:25	2001	✓
◆	Use adoption incentive dollars to increase adoptions	2001	✓
◆	Increase foster/adopt home studies	2001	✓
◆	Support the activities of the Washington Permanency Summit (See Kids Come First Initiative)	2002	
◆	Develop foster families as permanency planning resources	2005	
◆	Expand resources and develop new permanent planning options for emotionally troubled children	2007	
◆	Anticipate need for increases in staff to process adoption support applications	2007	

B	Increase <u>stability</u> of children in out-of-home care	<div>Strategic Focus 2001-2003</div> <ul style="list-style-type: none"><li>Number of licensed foster homes (See O-2.D)</li><li><u>Percent of children during first 12 months in care with no more than 2 placements</u> (Federal data)</li></ul>	
Strategies:			Complete
◆	Request funding for DLR caseload reduction	2001	✓
◆	Increase foster home retention, recruitment and diversity (See FC Improvement Plan)	2001-2003	
◆	Increase supports for foster care (See FC Improvement Plan)	2001-2003	
◆	Provide more stable placements for children in foster care (See Kids Come First Initiative)	2001-2003	
◆	Increase relative placements (See P-2.A)	2003	
◆	Pilot approaches to maintain existing foster placements (ex: Stabilization Team)	2005	

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## *Permanency*

### Objective P-1 continued

<u>Outcomes</u>		<u>Measured by</u>	
C	<u>Decrease length of stay</u> <u>without increasing re-entry</u>	<ul style="list-style-type: none"> <li>Number of children in care longer than 2 years who do not have a completed permanent plan</li> <li><u>Length of time to achieve permanency goal of reunification.</u> (Federal data)</li> <li><u>Length of time to achieve permanency goal of adoption</u> - Include TPR to adoption. (Federal data)</li> <li><u>Percent re-entered care after reunification within 12 months of prior episode</u> (Federal data)</li> </ul>	
<b>Strategies:</b>			<b>Complete</b>
◆	Request funding to reduce social worker to cases ratio to 1:25	2001	✓
◆	Improve post-adoptive support services for special needs children to reduce adoption disruption (ex: Include on-going case management services in adoption support agreements)	2005	
◆	Implement methods to reduce time from TPR to adoption finalization (ex: Concurrent planning, work with AAG's)	2005	
◆	Adoptive parent satisfaction surveys	2005	
D	Decrease over-representation of minority children in care	<ul style="list-style-type: none"> <li>Number of African American children in care longer than 2 years who are not in their permanent home</li> <li>Number of minority children, ages birth through 3 years, who have been legally free for more than one year with no permanent plan completed</li> </ul>	
<b>Strategies:</b>			<b>Complete</b>
◆	Establish Region 4 African American Unit	2000	✓
◆	Begin tracking number of Indian children in care longer than 2 years who are not in their permanent home	2002	
◆	Increase placement of children of color in kinship care	2005	



## Permanency

**Objective P-2: The continuity of family relationships and connections will be preserved for children.**

Outcomes	Measured by
A Increase relative placements	Percent of <u>foster children placed with extended family members</u> (Federal case review)
Strategic Focus 2001-2003	
Strategies:	
Complete	
♦ Eliminate Temporary Assistance for Needy Families (TANF) disincentives for relative placements (See Kids Come First Initiative)	2001-2003
♦ Management collaborate with Economic Services Administration to investigate options to enhance support for relative caregivers	2001-2003
♦ Develop new supports for kinship care placements with certification and financial supports outside the licensing system	2003
♦ CAMI S enhancements (See O-4.B)	2003
B Preserve connections with parents, siblings, and other significant people	<ul style="list-style-type: none"> <li>• Open placement cases on last day of quarter where <u>child was visited by parents</u> or permanent caretakers at least once within the last 30 days (Federal case review)</li> <li>• <u>Current relationship of child in care with parents</u> (Federal case review)</li> <li>• <u>Place children in proximity to parents</u> (Federal case review)</li> <li>• <u>Visits with siblings</u> (Federal case review)</li> <li>• <u>Placement with siblings</u> (Federal case review)</li> </ul>
Strategies:	
Complete	
♦ Focus on increasing contact of foster children with their fathers, and, if not possible, with mentors of a different gender than primary parent or single foster parent	2005
♦ Consider less structured family visits for older foster children (less protection because they need to see their parents as they really are)	2005

## ***Supporting Client Outcomes (Organizational Well-Being)***

**GOAL:** *Continuously improve the organization's capacity to achieve better outcomes for children and families.*

**Objective O-1:** CA partners with and is responsive to tribes, communities and public and private agencies to serve children and families.

Outcomes	Strategic Focus 2001-2003	Measured by
A <u>On-going consultation with tribes, consumers, service providers, out-of-home care providers, juvenile court, other public and private agencies, and includes their concerns</u>		<ul style="list-style-type: none"> <li>• Federal Case Review</li> <li>• Number of cases staffed with community Child Protection Teams (See S-1.B)</li> <li>• Number of customer, stakeholder, foster parent satisfaction surveys developed and piloted</li> <li>• Number of good news stories and weekly report items submitted</li> </ul>
<b>Strategies:</b>		<b>Complete</b>
♦ Healing, Honoring & Celebrating Families Tribal Gathering Conference	2000	✓
♦ Callers to DSHS offices during regular business hours, who are intercepted by voice mail, will be able to speak to a live person if they choose to do so	2000-2001	✓
♦ Request funding to provide ICW funds for new tribes (See WB-3.D)	2001	✓
♦ Begin planning with tribes for improved partnerships	2001	✓
♦ Improve the use of child protective teams (See Kids Come First Initiative) (See O-8.B)	2001-2003	
♦ Engage the community in supporting families and in improving the foster care system (See Kids Come First Initiative and FC Improvement Plan)	2001-2003	
♦ Enhance partnerships with community organizations to achieve better outcomes for children (See Kids Come First Initiative and FC Improvement Plan) (See O-2.D)	2001-2003	
♦ Provide open and frequent communication to the public, service providers, community partners and the media (See Kids Come First Initiative)	2001-2003	
♦ Implement improving information sharing amount courts, providers, divisions, agencies serving children	2002	
♦ Implement certification for Tribes to do licensing standards on Tribal lands	2002-2006	
♦ Customer Service culture change: <ul style="list-style-type: none"> <li>▪ Add to performance appraisal and reward employees who do well</li> <li>▪ Front desk is a service</li> <li>▪ Spot visits</li> <li>▪ Consumer involvement in hiring committees</li> </ul>	2003-2005	
B <u>Annual progress reports</u>		<ul style="list-style-type: none"> <li>• Federal Case Review</li> </ul>

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## ***Supporting Client Outcomes (Organizational Well-Being)***

### **Objective O-1 continued**

<u>Outcomes</u>	<u>Measured by</u>
C <u>Coordinate service provision with other federal or federally-assisted programs</u>	<ul style="list-style-type: none"> <li>• Federal Case Review</li> <li>• Number of SSI/SSA applications filed</li> <li>• Amount of federal dollars earned (IV-E penetration rate)</li> </ul>
Strategies:	Complete
◆ DSHS Management collaboration to develop improved access and better treatment services for substance abuse and mental health issues for foster children and their families	2001-2003
◆ Headquarters support regional staff to identify SSI/SSA eligible children	2001-2003
◆ Headquarters support regional staff to accurately reflect IV-E eligibility	2001-2003
◆ Implement improving DSHS coordination of services for children and families in child dependency cases	2002
◆ Collaborate with Medical Assistance Administration to increase services (see WB-3.A)	2002-2007
◆ Pierce County pilot collaboration within DSHS	2003
◆ Pilot staff exchange with TANF to increase support to families	2005
◆ Ohlmsstead – work with DDD & MH	2005

## ***Supporting Client Outcomes (Organizational Well-Being)***

**Objective O-2: Adequate quality resources are available for foster care, behavior rehabilitation services and adoption.**

<u>Outcomes</u>		<u>Measured by</u>		
A	<u>Standards for foster homes and residential facilities are reasonably in accord with recommended national standards</u>	<ul style="list-style-type: none"><li>Federal Case Review</li></ul>		
<b>Strategies:</b>				<b>Complete</b>
♦	Review, revise, and write into new format out-of-home care (licensing) WAC's as needed		2001	✓
B	<u>Standards are applied to all licensed foster family homes or residential facilities receiving title IV-E or IV-B funds</u>	<ul style="list-style-type: none"><li>Federal Case Review</li></ul>		
C	<u>Criminal background clearances requirements are met as related to licensing or approving foster care, relative care and adoptive placements, and case planning process addresses safety</u>	<ul style="list-style-type: none"><li>Federal Case Review</li></ul>		
<b>Strategies:</b>				<b>Complete</b>
♦	Review, revise, and adopt new WAC's for background checks		2001	✓
♦	Reduce time to process OFCL criminal history checks		2003	✓ 2001
♦	Reduce time to process criminal history checks for relatives and adoptive parents		2003	

## Supporting Client Outcomes (Organizational Well-Being)

### Objective O-2 continued

Outcomes	Strategic Focus 2001-2003	Measured by	Complete	
D <u>Recruitment and retention efforts result in adequate numbers, locations, capacity, and ethnic and racial diversity of placement resources</u>		<ul style="list-style-type: none"> <li>Federal Case Review</li> <li>Number of licensed foster homes (See P-1.B)</li> <li>Number of minority homes available</li> <li>Percent of licensing applications which are pending more than 90 days</li> <li>Improved foster parent satisfaction</li> </ul>		
<b>Strategies:</b>				
◆ Request funding for DLR caseload reduction	2001	✓		
◆ Request funding for rate enhancement for foster parents (See Kids Come First Initiative)	2001	✓		
◆ Request funding to expand use of child placing agency homes and provide increased reimbursement (See Kids Come First Initiative)	2001	✓		
◆ Implement foster care rate redesign (See Kids Come First Initiative)	2001	✓		
◆ Implement foster parents Rights and Responsibilities	2001-2002			
◆ Provide plan oversight and coordination (See FC Improvement Plan)	2001-2003			
◆ Change agency culture to one that promotes collaboration between foster families and social workers (See FC Improvement Plan) (See S-1.C)	2001-2003			
◆ Increase foster home retention, recruitment and diversity (See FC Improvement Plan)	2001-2003			
◆ Enhance community partnerships and outreach (See FC Improvement Plan)	2001-2003			
◆ Increase supports for foster care (See FC Improvement Plan) (See S-1.C)	2001-2003			
◆ Provide children in out-of-home care with safe and stable homes (See Kids Come First Initiative) (See S-1.C)	2001-2003			
◆ Provide more stable placements for children in foster care (See Kids Come First Initiative)	2001-2003			
◆ Engage the community in supporting families and in improving the foster care system (See Kids Come First Initiative)	2001-2003			
◆ Normalize family life in foster care (Ex: evening child care options)	2001-2003			
◆ Develop guidelines for potential conflict of interest in out-of-home care	2001-2003			
◆ Implement HOPE Centers and RLSC (See WB-3.C)	2001-2003			
◆ Administer Foster Care Passport Program customer satisfaction survey	2001-2003			
◆ Institutionalize foster parent satisfaction surveys	2001-2003			
◆ Implement CRC requirement retaining geographic, high use areas	2002			
◆ Standardize practice of providing grief and loss counseling for foster parents when appropriate	2002-2005			
◆ Increase foster parent training – PRI DE (See O-8.B)	2005	✓		2001
◆ Complete CPS investigations in foster homes within 30 days	2007			
◆ Grief and loss counseling for FP	2007			
E <u>Cross-jurisdictional resources are used to facilitate timely adoptive or permanent placements for waiting children</u>		<ul style="list-style-type: none"> <li>Federal Case Review</li> </ul>		

NOTE: Federal requirements are underlined

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## ***Supporting Client Outcomes (Organizational Well-Being)***

**Objective O-3: Service array ensures appropriateness, quality, accessibility and flexibility.**

<u>Outcomes</u>	<u>Measured by</u>
A <u>Services are appropriate</u>	<ul style="list-style-type: none"> <li>• <u>Assesses the strengths and needs of children and families</u> (Federal Case Review)</li> <li>• <u>Determines other service needs</u> (Federal Case Review)</li> <li>• <u>Are family centered and assesses family needs</u> (Federal Case Review)</li> <li>• <u>Enables children to remain in home when reasonable</u> (Federal Case Review)</li> <li>• <u>Helps foster and adoptive children achieve permanency</u> (Federal Case Review)</li> </ul>

**Strategies:**

**Complete**

◆ Increase employee involvement and teamwork to continuously improve service to children and families	2001-2007
◆ CAMI S ability to track unpaid services (See O-4.B)	2003

B <u>Services are accessible statewide</u>	• Federal Case Review
C <u>Services can be individualized to meet unique needs</u>	• Federal Case Review

## ***Supporting Client Outcomes (Organizational Well-Being)***

**Objective O-4: Information Technology and Case and Management Information System (CAMIS) has capability to support field and management needs.**

<u>Outcomes</u>	<u>Measured by</u>	
A Information system <u>capacity to identify status, demographic characteristics, location and goals for children in foster care</u>	<ul style="list-style-type: none"> <li>Federal Case Review</li> <li>Data Integrity</li> </ul>	
<b>Strategies:</b>	<b>Complete</b>	
♦ Implement system to prioritize maintenance and improvement of mainframe CAMIS, consistent with strategic goals	2003-2005	
B Information technology assists workers, supervisors and managers in daily work	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Strategic Focus 2001-2003</div> <ul style="list-style-type: none"> <li>IT staff to workstation ratio</li> <li>Field and management satisfaction</li> </ul>	
<b>Strategies:</b>	<b>Complete</b>	
♦ Train field staff on outcome measures (See Kids Come First Initiative)	2000	✓
♦ Make performance data available on Intranet for use by staff (See Kids Come First Initiative)	2001	✓
♦ Request funding for additional programmers and CIC's	2001	✓
♦ Request funding to develop Information Technology Warehouse	2001	✓
♦ Develop CAMIS enhancements to support safety priorities (See Kids Come First Initiative) (See S-1, S-2)	2001-2003	
<ul style="list-style-type: none"> <li>New assessment and case planning tools</li> <li>Code in CAMIS to document case staffings involving professional input from treatment providers</li> </ul>		
♦ Develop CAMIS enhancements to support well-being priorities (See Kids Come First Initiative) (See WB-2, WB-3)	2001-2003	
<ul style="list-style-type: none"> <li>Track educational status</li> <li>Track physicals within 30 days of placement</li> <li>Make CAMIS changes to support policy implementation</li> </ul>		
♦ Phase in GUI	2001-2005	
♦ Improve use of Internet to communicate with staff and vendors	2001-2005	
♦ Implement Informational Technology Warehouse	2001-2005	
♦ Make performance data available on Internet for use by staff and community (See Kids Come First Initiative) (See O-6.B)	2002-2003	
♦ Implement online CAMIS training as a supplement to classroom training for staff	2003-2005	
♦ Develop CAMIS enhancements to support permanency priorities (See P-1, P-2)	2003-2005	
<ul style="list-style-type: none"> <li>Count of all kinship placements (relative and fictive)</li> <li>Count of all seven permanency plan completion types</li> </ul>		
♦ Evaluate additional CAMIS enhancements:	2003-2005	
<ul style="list-style-type: none"> <li>Family Assessment</li> <li>Field to distinguish between CPS investigation and CPS service delivery (track unpaid services)</li> <li>Automated ISSP</li> </ul>		
♦ Implement IT strategic plan	2007	

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## ***Supporting Client Outcomes (Organizational Well-Being)***

Objective O-5: Federal requirements for case review system are maintained.

<u>Outcomes</u>	<u>Measured by</u>
A <u>Assures each child has a written case plan developed jointly with parents</u>	<ul style="list-style-type: none"> <li>Federal Case Review</li> </ul>
B <u>Assures timely court and administrative review</u>	<ul style="list-style-type: none"> <li><u>Administrative review of child's status every 6 months</u> (Federal Case Review)</li> <li><u>Court hearing every 12 months</u> (Federal Case Review)</li> </ul>
C <u>Assures termination of parental rights proceedings in accordance with ASFA</u>	<ul style="list-style-type: none"> <li>Federal Case Review</li> </ul>
D <u>Assures foster and pre-adopt parents and relative caregivers have opportunity to be heard in review or hearing with respect to the child</u>	<ul style="list-style-type: none"> <li>Federal Case Review</li> </ul>

**Strategies:**

**Complete**

◆ Foster parent notification of court hearings (See WB-1.C)	2001	✓
◆ Ensure tribal notification and participation in citizen review process	2003	
◆ Citizen foster care system reviewers	2003	



## ***Supporting Client Outcomes (Organizational Well-Being)***

### **Objective O-6: Quality assurance system promotes satisfactory outcomes for children and families.**

<u>Outcomes</u>	<u>Strategic Focus</u> 2001-2003	<u>Measured by</u>
A <u>Families and children in care receive quality services that protect safety and health</u>		<ul style="list-style-type: none"> <li>• Federal Case Review</li> <li>• Percent of children with Kidscreen completed (future)</li> <li>• Percent compliance with use of safety assessment and safety plan (future)</li> <li>• Percent compliance with use of reunification assessment before return to parent (future)</li> <li>• Percent compliance with in-home dependency social worker visitation policy (future) (See WB-1.A)</li> <li>• Percent of children in care with a current comprehensive plan of care (I SSP) (future)</li> </ul>
<b>Strategies:</b>		<b>Complete</b>
♦ Implement standardized health and mental health assessments of children in out-of-home care – Kidscreen (See Kids Come First Initiative)	2001-2003	
♦ Improve the assessment of risk for child protective services and when returning children to their homes (See Kids Come First Initiative)	2001-2003	
♦ Commit to meeting best practice standards (See Kids Come First Initiative)	2001-2003	
♦ Track outcomes for children in private agency and tribal custody	2005	
B <u>Quality Assurance system is comprehensive and consistent</u>	<u>Strategic Focus</u> 2001-2003	<ul style="list-style-type: none"> <li>• Number of case records reviewed</li> <li>• <u>Evaluates quality of services</u> (Federal Case Review)</li> <li>• <u>Identifies strengths and needs of service delivery</u> (Federal Case Review)</li> <li>• <u>Provides relevant reports</u> (Federal Case Review)</li> <li>• <u>Evaluates improvement</u> (Federal Case Review)</li> </ul>
<b>Strategies:</b>		<b>Complete</b>
♦ Peer case record review pilot(s)	2000-2001	✓
♦ Request funding to provide quality assurance of case management – supervisor support for data integrity (See Kids Come First Initiative)	2001	✓
♦ Commit to meeting best practice standards (See Kids Come First Initiative)	2001-2003	
♦ Improve accountability by linking practice data to outcomes (See Kids Come First Initiative) (See O-4.B)	2001-2003	
♦ Improve the statewide consistency of child welfare decisions in Washington State (See Kids Come First Initiative)	2001-2003	
♦ Near Verbatim Recording and Audio Taping pilots	2001-2002	
♦ Implement contract monitoring and oversight	2002-2003	
♦ Improve data collection for incidents, accidents and grievances	2002-2003	

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## ***Supporting Client Outcomes (Organizational Well-Being)***

### **Objective O-7: Agency has adequate structure and staffing.**

<u>Outcomes</u>	<u>Measured by</u>
A Staffing levels support quality service delivery	<ul style="list-style-type: none"> <li>• Average number of open cases carried per social worker at fiscal year end</li> <li>• Number of CPS, CWS, FRS referrals received</li> <li>• Number of CA/N referrals accepted for investigation</li> <li>• DLR cases per worker</li> <li>• Supervisor/employee ratio</li> <li>• Percent of CPS/CWS positions filled (future)</li> </ul>
<b>Strategies:</b>	<b>Complete</b>
◆ Request funding for DLR caseload reduction	2001 ✓
◆ Request funding to reduce social worker to cases ratio to 1:25	2001 ✓
◆ Increase capacity of private agencies (request funding – increase fee)	2001 ✓
◆ Conduct workload study for DCFS	2001 ✓
◆ Conduct workload study for DLR	2001 ✓
◆ Establish standards for licensing caseload	2003
◆ Request funding to reduce social worker to cases ratio to 1:20	2003
◆ Evaluate supervisor and clerical (to social worker) ratio	2005
B Agency provides adequate support for a quality working environment	<div>Strategic Focus 2001-2003</div>
	<ul style="list-style-type: none"> <li>• Number of Quality Improvement Teams</li> <li>• Percent of employees with current performance evaluations</li> <li>• Employees receiving monthly supervisory conference</li> <li>• Employee satisfaction survey</li> <li>• Number of incidents (future)</li> </ul>
<b>Strategies:</b>	<b>Complete</b>
◆ Decision regarding statewide accreditation (See Kids Come First Initiative)	2001 ✓
◆ Implement a comprehensive internal communication strategy with the Children's Administration (See Kids Come First Initiative)	2001-2003
◆ Improve supervisory review (See Kids Come First Initiative)	2001-2003
◆ Implement the Reward and Recognition plan	2001-2003
◆ Staff retention Quality Improvement Team	2001-2003
◆ Implement statewide accreditation	2001-2006
◆ Implement IVE stipend program for employees to obtain MSW's	2001-2007
◆ Implement the Quality Initiative	2001-2007
◆ Implement statewide safety plan	2001-2007
◆ Implement background checks on CA employees	2002
◆ Implement employee satisfaction feedback	2002
◆ Revise supervisory review tools to reflect current policy	2003
◆ Provide leadership development	2003
◆ Offer more direct and clinical service opportunities for social workers	2003

## Supporting Client Outcomes (Organizational Well-Being)

**Objective O-8: Adequate supports needed for a qualified professional workforce and service partners are in place (staff and provider training).**

Outcomes	Strategic Focus	Measured by
A <u>Employee development and training supports agency goals and objectives</u>	2001-2003	<ul style="list-style-type: none"> <li>• <u>Initial training for all staff</u> (Federal Case Review)</li> <li>• <u>On-going training is skills and knowledge based</u> (Federal Case Review)</li> <li>• Percent of new CPS hires who complete academy and first year training requirements (future)</li> </ul>

**Strategies:**

		Complete
♦ Convene ongoing annual "Best Practices" conference (See Kids Come First Initiative)	2000	✓
♦ Publish ongoing Children's Administration Digest (See Kids Come First Initiative)	2000	✓
♦ Staff training on outcome measures (See Kids Come First Initiative)	2001	✓
♦ Kids Come First Retreat and Management Conference (See Kids Come First Initiative)	2001	✓
♦ Convene workgroup to identify what decisions (programmatic or service delivery) can be made at a local level and which require statewide consistency (See Kids Come First Initiative)	2001	✓
♦ Improve the statewide consistency of child welfare decisions in Washington State (See Kids Come First Initiative)	2001-2003	
♦ Staff training to implement safety, well-being and permanency strategies (See Kids Come First Initiative)	2001-2003	
♦ Staff development Quality Improvement Teams	2001-2003	
♦ Implement methamphetamine treatment training	2002	
♦ Staff mentoring program	2007	
♦ Advanced academy (adolescent, permanency) and supervisory training	2007	

B <u>Service partners and placement providers are trained to carry out their duties</u>	Strategic Focus 2001-2003	<ul style="list-style-type: none"> <li>• <u>Training for foster parents, adoptive parents, and staff of licensed facilities is skills and knowledge based</u> (Federal Case Review)</li> <li>• Percent of foster parents who complete required orientation and training (future)</li> </ul>
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**Strategies:**

		Completed
♦ Training for partners to implement safety, well-being, permanency and accountability strategies (See Kids Come First Initiative)	2001-2003	
♦ Provide training and new tools to improve the effectiveness of child protection teams (See Kids Come First Initiative) (See O-1.A)	2001-2003	
♦ Training for foster parents - PRI DE Curriculum Implementation	2005	✓ 2001
♦ Develop professional foster homes with specialized training and compensation	2007	

C Diversity of workforce closely reflects diversity of clients	• Percent of minority staff
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**Strategies:**

	Completed
♦ Actively recruit minority staff	2001-2003
♦ Consider exit interviews with minority staff	2003
♦ Enhance the diversity and cultural responsiveness of staff and contractors	2005

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